

November 25, 2021

Laurie Scott, Chair
Standing Committee on the Legislative Assembly
99 Wellesley Street West
Room 1405, Whitney Block
Queen's Park
Toronto, ON M7A 1A2

Re: Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act*

Dear Ms. Scott,

On behalf of the Ontario Hospital Association (OHA), I am writing to provide feedback in respect of Bill 37, the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*. Across the province, hospitals own and operate 39 long-term care (LTC) facilities, amounting to approximately 5,472 beds. Our feedback also draws on hospital experiences as they extensively supported the LTC sector during the COVID-19 pandemic, as outlined in our written submission to Ontario's Long-Term Care COVID-19 Commission in March 2021.

The OHA appreciates the government's efforts to improve the legislative framework governing LTC, especially in light of the challenges the sector faced during the pandemic. However, while the proposed bill is an important first step, we believe there is more that can and must be done to protect Ontario's long-term care residents and give them the quality of care they deserve. We hope to continue to work with government and health system partners to find solutions to the challenges facing the LTC sector.

Infection Prevention and Control

We support the new requirement that homes establish an infection prevention and control (IPAC) program – including specific components for education and monitoring, hand hygiene, and other transmission prevention measures – and appoint a lead who has IPAC as their primary responsibility. These obligations will help address some of the key lessons learned from COVID-19 around the transmission of COVID-19 within and between homes.

In the wake of the SARS outbreak, hospitals significantly increased their investment in and attention to this area. This preparation proved extremely valuable during COVID-19, as hospitals worked to protect their own patients and also shared this expertise and training with partners in other settings. Strengthening IPAC practices across LTC today will similarly prepare that sector for future threats.

Improving Quality of Care

The OHA recognizes that home inspections are important to ensure accountability and appreciates the government's recently announced investments to increase the number of inspectors, with emphasis on proactive inspections. However, the inspection model under the proposed legislation remains rigid and primarily complaint-based, and it fails to respond to the underlying quality of care concerns exposed by the pandemic. Over time, a shift toward helping operators and administrators develop a culture of learning and continuous improvement would be welcome.

Requiring homes to participate in a quality improvement initiative and the creation of a Long-Term Care Quality Centre are early steps in this direction. The hospital sector has had its own long quality improvement journey, and there may be opportunities to review the current accountability and inspection models in LTC with an eye towards adopting similar models which encourage continuous quality improvement.

Role of the Medical Director

In our written submission to Ontario's Long-Term Care COVID-19 Commission, the OHA recommended serious consideration of the relationship between quality of care and medical oversight within LTC homes. Unfortunately, the proposed legislation does not make significant changes to the existing functions and responsibilities of medical leadership or the role of the Medical Director.

There are several areas for consideration with respect to quality of the care in LTC and the role of legislation and medical advisory boards. For example, in hospitals the Medical Advisory Committee (MAC) makes recommendations to the Board of Directors regarding the quality of care provided by medical staff in hospital.

There is no comparable or consistent medical staff model within LTC homes – some choose to have a single Medical Director overseeing the clinical needs of all residents, while others have taken a more comprehensive approach. *Improving medical services in Canadian long-term care homes*, published by the College of Family Physicians of Canada in October 2020, recommends the following to improve medical care provided in LTC:

- Established expectations surrounding attending physician visits;
- A standardized process to support virtual care, where appropriate;
- Remuneration that reflects the increased complexity and acuity of residents;
- Continuing education to strengthen clinical skills and expertise;
- Availability of and access to clinical resources;
- Access to PPE; and

- A standardized credentialing process to identify the core competencies and clinical skill set required.

To ensure all LTC residents receive a high-quality of care, increased recognition and attention to the important role of individuals in medical leadership is required. The proposed legislation misses an opportunity to develop a more robust and consistent framework for medical accountability and leadership.

Transforming Long-Term Care

According to Ontario Ministry of Finance projections, by 2046, adults aged 65 and over will make up 23.3 percent of the province's population. COVID-19 has exposed cracks in the way we care for older adults and sparked a long-overdue conversation on a provincial, national and societal level.

Today, there are nearly 5,200 people in hospital beds waiting for a more appropriate level of care in another setting, with 2,095 of them waiting for placement in LTC. We note that the new legislation permits the Minister of Long-Term Care to develop a policy outlining how many beds are needed and where they are needed most. This signal toward future planning is welcome, as are efforts to accelerate construction of new homes and redevelop old ones. However, these new beds alone will not be enough to meet this capacity crunch and the growing and changing needs of Ontarians.

To care for Ontario's seniors now and into the future, it's crucial we take a whole-system approach to thinking boldly about fundamental reform and new models of care that centre on the dynamic needs of our frail, aging population. We cannot afford to return to the status quo once the immediate threat of COVID-19 has passed. We must consider the diverse needs of seniors and reduce our system's reliance on LTC, including by increasing services and supports that enable them to stay in their own homes for as long as possible.

Where LTC is required, we should examine other models from around the world for alternatives to our system of large institutions with long, bare hallways. While no one model has proved superior, promising practices can be drawn from jurisdictions that have moved towards models that embody health promotion and quality of life.

The COVID-19 crisis has also shone a light on the ways in which relationships and close collaboration between LTC homes, hospitals and other system partners are indispensable if we are to give our most vulnerable the care they deserve. Lessons learned from COVID-19 must also be incorporated into the province's journey towards system integration, which to this point has not fully considered the role of LTC.

For these reasons, we believe that while the incremental changes to previous legislation in Bill 37 offer a promising start to fixing Ontario's LTC sector, they do not go far enough on their own. We hope this is only the beginning of a more transformative process which uses COVID-19 as a catalyst for fundamental change.

Thank you for your consideration of our comments. Please do not hesitate to reach out if we can be of any further assistance. We would be pleased to work with the government to help find new solutions to address the challenges we've identified.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Dale', with a long horizontal line extending to the right.

Anthony Dale
President and CEO